

February 2, 2001

Refer to:
MB:JG
KS WA 0303.90.01

Ms. Janet Schalansky, Secretary
Department of Social and Rehabilitation Services
Docking State Office Building
915 Harrison
Topeka, Kansas 66612

Dear Ms. Schalansky:

I am pleased to inform you that your request to amend Kansas' Medicaid Home and Community Based Services waiver which serves the frail and elderly individuals has been approved. The waiver has been assigned control number 0303.90.01. Specifically, the waiver amendment will eliminate the waiting list of services which will increase the unduplicated number of individuals served by the waiver.

The following estimates of utilization and cost of waiver services have been approved.

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
(10/01/00 - 09/30/01) Year 1	7,500		6,310	= 47,325,000
(10/01/01 - 09/30/02) Year 2	8,100		6,437	= 52,139,700
(10/01/02 - 09/30/03) Year 3	8,700		6,561	= 57,080,700
(10/01/03 - 09/30/04) Year 4	9,300		6,684	= 62,161,200
(10/01/04 - 09/30/05) Year 5	9,800		6,807	= 66,708,600

The effective date of the change is October 1, 2000. Please refer to amendment number 0303.90.01 in all future correspondence regarding this amendment. We appreciate the efforts and cooperation provided by your staff.

Sincerely,

Joe Tilghman
Regional Administrator

cc: Bob Day
Jackie Glaze
bcc: Wvr Team/Luce
MJ Duckett, CO

GLAZE:pl 01/31/2001: KS303AMD.doc

Home and Community-Based Services
WAIVER INITIAL/RENEWAL/MODIFICATION

EXECUTIVE SUMMARY

STATE: Kansas

WAIVER NO. 0303.90.01

20th day 12/04/00 32nd Day 12/16/00 90th Day 02/02/01

CO Analyst N/A

1. **TYPE OF REQUEST** (check one)

Initial ___ Renewal ___ Amendment/Modification __X__

2. **TARGET POPULATION** (check those appropriate)

<input type="checkbox"/> AGED	<input type="checkbox"/> PHYSICALLY DISABLED
<input type="checkbox"/> CHILDREN (ages covered)	<input checked="" type="checkbox"/> AGED DISABLED
<input type="checkbox"/> ADULTS	<input type="checkbox"/> MR
<input type="checkbox"/> DD	
<input type="checkbox"/> MENTALLY ILL/HEALTH	<input type="checkbox"/> MR/DD
<input type="checkbox"/> TBI	<input type="checkbox"/> AIDS
<input type="checkbox"/> CONSUMER DIRECTED	<input type="checkbox"/> TECHNOLOGY/MEDICALLY FRAGILE
<input type="checkbox"/> HEAD INJURED	<input type="checkbox"/> OTHER

3. **WAIVER SERVICES** (Show all services. (*) Those added by current action.)

Respite, Personal Emergency Response Systems, Attendant Care, Adult Day Care, Assistive Technology, Nursing Evaluation Visit, Sleep Cycle Support, Wellness Monitoring

4. IMPORTANT DATES

Date Current Action Received by RO/CO 11/14/00

Initial Waiver # 0303 Approved 06/13/96 Effective 01/01/97

Renewal # 0303.90 Approved 05/03/00 Effective 01/01/00

EXTENSION time frame_____

5. CHANGES REQUESTED

The State has requested to eliminate the waiting list for services. The State has estimated that this will exceed the currently approved unduplicated number of individuals served by this waiver this calendar year.

6. **CURRENT ACTION RECOMMENDATION** - APPROVAL X DISAPPROVAL ____
Rationale: The State of Kansas submitted an amendment to the Frail and Elderly waiver by eliminating the waiting list. This will allow the State to serve more individuals on the waiver. The Medicaid waiver team has reviewed the amendment request and recommends approval effective with October 1, 2000.

The Medicaid Division waiver review team has reviewed the above waiver and has found that the proposed waiver action meets the requirements of the Act and Regulations.

<u>Waiver Team Member</u>	<u>Signature</u>	<u>Phone</u>	<u>Date</u>
Jackie Glaze, Team Leader	_____	(816) 426-3406	_____
Sharon Patterson, Quality Assurance	_____		
Leticia Barraza, Finance	_____		
Sharon Taggart, HCBS Coordinator	_____		